

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	DAVID RIBEIRO (Pro Se)	COURT CASE NUMBER	3:04-CV-30201
DEFENDANT	William Bennett	TYPE OF PROCESS	Hand
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONCERN		
	District Attorney Hampden County		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	50 State Street Springfield MA, 01103		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this form - 285	10
David Ribeiro (Pro Se) #128571 Hampden County Corrections 629 Randall Road Ludlow MA, 01056	Number of parties to be served in this case	7
	Check for service on U.S.A.	2/13

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Employment Hours are 9:00 AM
to
5:00 PM

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
David Ribeiro		N/A	10-18-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	01	No. 38	No. 38	Amie C. Ann	11-1-2004

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
District Attorney's Office - 3rd Floor	
Address (complete only if different than shown above)	Date of Service
	12/18/04
	Time
	1:50 PM
	Signature of U.S. Marshal or Deputy
	Amie C. Ann *5279

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: